

**Montana Medicaid - Fee Schedule**  
**Home and Community Based Services for Adults with Severe Disabling Mental Illness (SDMI)**  
**July 1, 2008**

**Definitions:**

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Modifier** - All Home and Community Based Services procedure codes must be followed by a UA modifier.

Other modifiers to follow after UA modifier:

TE = nurse supervision/oversight

TS = follow-up service

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Schedule:** Medicaid fee for listed codes.

Rates listed are maximum paid. All rates may be negotiated by case management teams who authorize services.

Providers must bill Medicaid the negotiated rate agreed upon with the case management team.

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

**Homemaker, Respite and Personal Assistance rates are based on negotiations with the Department through the FY2008 Direct Care Worker Wage Initiative process. Providers must submit semi-annual reports to the Department, Senior and Long Term Care Division, to remain eligible for this funding. Providers agree to bill at the rate outlined in their billing certification letter for FY09 (Senior and Long Term Care Division). Providers understand that periodic audits will take place and a recovery will occur if they bill above their rate (Elderly and Physically Disabled waiver and SDMI waiver).**

**Montana Medicaid - Fee Schedule -Home and Community Based Services - SDMI Waiver**

<b>Proc</b>	<b>Mod</b>	<b>Description</b>	<b>Effective</b>	<b>Unit</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>
S5100	UA	Adult Day Care	7/1/2008	15 min	Fee Sched	\$2.04	Y
T2031	UA	Adult Residential - Assisted Living	8/1/2008	day	Fee Sched	\$65.05	Y
H0032	UA	Case Management	7/1/2008	day	Fee Sched	\$10.17	
H0005	UA	Chemical Dependency Counseling - Group	1/1/2007	visit	Fee Sched	\$9.00	Y
H0004	UA	Chemical Dependency Counseling - Individual	1/1/2007	15 min	Fee Sched	\$11.25	Y
T2020	UA	Day Habilitation	1/1/2007	day	Fee Sched	\$74.20	Y
T2013	UA	Habilitation Aide	7/1/2008	hour	Fee Sched	\$18.08	Y
S5130	UA	Homemaker	7/1/2008	15 min	Fee Sched	\$4.08	Y
S5131	UA	Homemaker Chores	1/1/2007	diem	Fee Sched	\$250.00	Y
H0046	UA	Illness Management Recovery	7/1/2008	45-50 min	Fee Sched	\$52.63	Y
S5170	UA	Nutrition (Meals)	7/1/2008	meal	Fee Sched	\$5.26	Y
S9452	UA	Nutrition Classes, Nutritionist	1/1/2007	session	Fee Sched	\$25.00	Y
S9470	UA	Nutritional Counseling, Dietician	1/1/2007	visit	Fee Sched	\$25.00	Y
97003	UA	Occupational Therapy - Evaluation	1/1/2007	visit	Fee Sched	\$54.38	Y
97150	UA	Occupational Therapy - Group	1/1/2007	visit	Fee Sched	\$12.77	Y
97530	UA	Occupational Therapy - Individual	1/1/2007	15 min	Fee Sched	\$19.75	Y
T1019	UA	Personal Assistance Attendant	7/1/2008	15 min	Fee Sched	\$4.95	Y
T1020	UA	Personal Assistance Attendant - Per Diem	7/1/2008	diem	Fee Sched	\$9.74	Y
T1019	UA TE	Personal Assistance Nurse Supervision	7/1/2008	15 min	Fee Sched	\$4.95	Y
S5160	UA	Personal Emergency Response System - installation & testing	1/1/2007	item	Fee Sched	\$100.00	Y
S5162	UA	Personal Emergency Response System - Purchase	1/1/2007	item	Fee Sched	\$800.00	Y
S5161	UA	Personal Emergency Response - Rental	1/1/2007	month	Fee Sched	\$69.00	Y
T2015	UA	Prevocational Services	7/1/2008	hour	Fee Sched	\$7.24	Y
T1003	UA	Private Duty Nursing - LPN	7/1/2008	15 min	Fee Sched	\$6.87	Y
T1002	UA	Private Duty Nursing - RN	7/1/2008	15 min	Fee Sched	\$8.14	Y
H2017	UA	Psychosocial Consultation (and extended state plan services)	1/1/2007	15 min	Fee Sched	\$12.92	Y
T1001	UA	Registered Nurse Supervision	1/1/2007	15 min	Fee Sched	\$11.25	Y
T2016	UA	Residential Habilitation	7/1/2008	diem	Fee Sched	\$145.91	Y
T1005	UA	Respite Care	7/1/2008	15 min	Fee Sched	\$4.08	Y
H0045	UA	Respite Care - Assisted Living	7/1/2008	diem	Fee Sched	\$158.78	Y
H0045	UA	Respite Care - Nursing Facility	1/1/2007	diem	Fee Sched	Medicaid Rate	Y
T2029	UA	Specialized Medical Equipment	1/1/2007	item	Fee Sched	\$2,000.00	Y
T2028	UA	Specialized Medical Supplies	1/1/2007	item	Fee Sched	\$2,000.00	Y
S5125	UA	Specially Trained Attendants	7/1/2008	15 min	Fee Sched	\$5.22	Y
T2019	UA	Supported Employment	1/1/2007	15 min	Fee Sched	\$10.75	Y

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T2033	UA	Supported Living	7/1/2008	diem	Fee Sched	\$213.20	Y
S0215	UA	Transportation - Miles	7/1/2008	mile	Fee Sched	\$0.25	Y
T2003	UA	Transportation - Trip	1/1/2007	trip	Fee Sched	\$12.16	Y
H0025	UA	Wellness Recovery Action Plan	7/1/2008	registration	Fee Sched	\$142.34	Y